

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17	1	1				
18		1				
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38		1				
39		1				
40		1				
41		1				
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	39					
Total Claims	41					

may be used for additional claims or amendments

	Indep.	Depend.	Indep	Depend	Indep	Depend
51						
52						
53						
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96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						